Judge Lesson,

I am writing concerning my daughter Sarah Norton. I was devasted, along with Her Family of the conviction charges she was found guilty of. The charges had left me dumb founded and to a certain degree I am still.

FIRST, I would Like to apologize to the victim and his Family. I hope the young man can move past this and have a healthy and productive life.

I Know Sarah did something very wRONG and justice has to be served, YET she is sick mentally and physically and both conditions ~~me~~ need medical and professional ~~treatment~~. I did enclose a brief Article that Sarah has suffered from for about 15 years consistently. I do believe that a ten year sentence would be a death sentence to Her, Especially during this time of the covid pandemic. It is a deady disease that Easily Kills people who are medically comprised.

I Love my daughter and will always be there For her. She will always HAVE a home with me and I will never abandoned her. she went to very a very dark and sick place. I will never understand, YET I do NOT want this to define her and her whole life. She is much more than the Terrible action that she took.

I pray For Justice and mercy. I thank you For your time. Sincerly Lydia Odom.

Oct 12, 2020

Dear Sirs

Sara Norton has been a family member & friend of mine for forty years. I have Sara to be a good mom, hard worker, good person, and provider for her three children. For many years Sara has suffered with a kidney problems. I was stung to hear of the charges, which was out of charter for her. Hopefully she will receive the treatment needed

Sincerely

Arleen Brown

Amy Hargraves
15 Meadow Wood Drive
North Stonington, CT 06359
July 15th, 2020

US Federal Court
The Honorable Joseph F. Leeson Jr.
504 Hamilton Street #3401
Allentown, PA 18108

Dear US Federal Court:

I am writing this letter on behalf of my friend Sarah Norton. Under the circumstances it is hard to compose my thoughts, but I hope to do my best in describing the Sarah I have known for nearly half of my life.

Sarah and I became friends in 2000 and eventually we shared an apartment for two years with her daughter Nadeya. Sarah was trustworthy, responsible and had the best sense of humor. In general, we had a lot in common. We both enjoyed playing games, music, our friends and cooking. In fact, Sarah made homemade dinners almost every night, so I learned to cook some amazing food. Being a young mom, there were some struggles but Sarah was hard working and determined and Nadeya was loved and well cared for. As a friend Sarah was loyal, caring, well liked and a blast to be around. She never hesitated to help or defend her friends; she was honest when giving advice and really inspired me to be stronger person and friend.

Since then we have remained close friends. Our families have shared celebrations, game nights and many other memories. Undoubtedly, Sarah is the core of her family. She maintains the house, handles the disciplinary aspects of parenting as well as financially proving for them, many times without help. Sarah has done a wonderful job raising her children. Nadeya is now a young woman. Like her mother, she is hard working, athletic, and independent. Her son Nasjim has definitely proven Sarah's patience. He was a colic baby, dislikes school and can be stubborn. However, he is the biggest momma's boy, with a protective and caring attitude towards his family. The youngest Nyree, is energetic and has Sarah's outgoing personality. All of her kids will no longer have their mom to do all the things that go unnoticed. More importantly, they will now have to experience graduations, marriages and other pivotal moments without her.

Time will pass and I will always question how we got to this point. I will never understand what would make someone do something so out of character. It will be one of my biggest regrets that I did not to a better job as a friend voicing my concerns about the severity of the case and encouraging her to accept the plea deal.

I would like to thank the court for taking the time to read my letter. I understand the seriousness of the offense, but hope that you may consider a lesser sentence appropriate in this situation.

Sincerely,

Amy Hargraves

Sarah Johnson
321 Boston Post Road
East Lyme, CT 06333

Phone (860)514-1552
e-mail sjohnson7998@yahoo.com

June 19, 2020

US Federal Court
The Honorable Joseph F. Leeson, Jr.
504 Hamilton Street #3401
Allentown, PA 18101

Dear Judge Leeson,

Sarah Norton has been one of my best friends since were 13 years old (27 years). I don't know how we got to where we're at now, but here we are. I do not understand how, or why, this happened and certainly don't condone it, but I can tell you that Sarah truly is a good person. I love her like a sister. She was clearly in a deep, dark place. I have never known her to act out in such a way.

The purpose of this letter is to tell you a little bit about Sarah aside from all of the negative things you have heard about her. Sarah is a loving, caring, nurturing woman as well as an amazing mom and friend. She had her first child, Nadeya, when she was 16 years old. As soon as she was old enough, she moved out of her mom's house and into her own apartment. When friends needed a place to stay, Sarah's door was always open. When her relationship with Nadeya's father fell through, she was left to raise her on her own, which she did a fine job doing. Nadeya, who has no kids of her own, will be 24 this year and is now raising her two brothers; Nasjim and Nyree. All of Sarah's kids are loving, kind and funny. The apple doesn't fall far.

Sarah has always been a hard worker and has been gainfully employed since she was old enough to work. When she didn't have a car, she would take the bus to get to work, or even walk to work if she wasn't in a position to pay for the bus fare. She did what she had to do and worked any job that could help make ends meet, such as waitressing and housekeeping. Her last employer promoted her to Head Housekeeper as her work ethics and abilities stood out as impressive. She has a great sense of humor. We spend most of our time together laughing. When we were young, she used to make up funny songs that we still sing and laugh about until this day. She was an excellent basketball player and played for her school team. She often took on the guys at the local park and she put up quite the competition. I'm certain her older brother, Justin, had something to do with that. Sarah is a great cook and cook's meals every day for her family. Her baked macaroni, fried chicken and deviled eggs with bacon never fail to impress. In her spare time, she likes to hang around the house with her kids or read a good book.

You Honor, Sarah made a mistake. People who make these types of mistakes need help; not lengthy prison sentences. I understand that the minimum sentence for these charges is 10 years. In 10 years, all of Sarah's children will be adults. Some of them may have children of their own. A decade is a long time. I hope that you will agree that the minimum sentence is the fairest sentence in this case.

I sincerely thank you for taking the time to read this letter.

Respectfully,

Sarah Johnson

Medullary Sponge Kidney

rarediseases.org/rare-diseases/medullary-sponge-kidney/

Synonyms of Medullary Sponge Kidney

- Cacchi-Ricci Disease
- Cystic Dilatation of Renal Collecting Tubes
- Precalyceal Canalicular Ectasia
- Sponge Kidney
- Tubular Ectasia

General Discussion

Medullary Sponge Kidney is a rare disorder characterized by the formation of cystic malformations in the collecting ducts and the tubular structures within the kidneys (tubules) that collect urine. One or both kidneys may be affected. The initial symptoms of this disorder may include blood in the urine (hematuria), calcium stone formation in the kidneys (nephrolithiasis) or infection. The exact cause of Medullary Sponge Kidney is not known.

Signs & Symptoms

The first symptoms of Medullary Sponge Kidney typically blood in the urine, stone formation or signs of a urinary infection such as excessive urination (polyuria) and/or burning and pain while urinating. In some affected individuals, calcium stones may form in the kidneys (nephrolithiasis). These stones can cause low back pain in the area of the kidneys (renal colic) and pain in the lower back and lower abdomen. A prominent feature of Medullary Sponge Kidney is the excretion of small stones with the urinary flow. The passage of these stones can be profoundly painful. In a small number of cases, repeated urinary infections and damage to the kidneys may occur if stones become sufficiently large enough to block the flow of urine to the bladder (renal obstruction).

The most common complication of Medullary Sponge Kidney involves the loss of the kidneys' capacity to concentrate waste products in the urine (filtration). This is due to the abnormal widening (dilatation) of the collecting tubes deep within the kidneys. Impaired filtration by the kidneys can result in the excessive accumulation of acidic waste products in the blood and body fluids (metabolic acidosis). Rare complications of Medullary Sponge

Kidney may include severe damage to the kidneys (i.e., renal tubular acidosis) and kidney failure (i.e., end-stage renal disease).

Causes

The exact cause of Medullary Sponge Kidney is not known and most cases occur sporadically for no apparent reason. Some cases are thought to run in families (familial) and may be inherited as an autosomal dominant genetic trait. However, this inheritance pattern has not been proven. Some studies have suggested there may be a a possible relationship between overactivity of the parathyroid gland (Hyperparathyroidism) and Medullary Sponge Kidney.

Affected Populations

Medullary Sponge Kidney is a rare disorder that affects slightly more women than men. It is thought to occur in 1 in 1,000 to 5,000 people in the United States. Although the symptoms of Medullary Sponge Kidney may begin at any age, they usually develop during adolescence or in adults between the ages of 30 and 50 years. Approximately 13 percent of all people who develop kidney stones are eventually diagnosed with Medullary Sponge Kidney. Medullary Sponge Kidney may also develop in people with Beckwith-Wiedemann Syndrome. (For more information on Beckwith-Wiedemann Syndrome, see the related disorders section of this report.)

Related Disorders

Related Disorders Symptoms of the following disorders can be similar to those of Medullary Sponge Kidney. Comparisons may be useful for a differential diagnosis:

Medullary Sponge Kidney is associated with several developmental and genetic disorders including the following conditions. Comparisons may be useful for a differential diagnosis.

Medullary Cystic Kidney is a rare inherited kidney disease (nephropathy) characterized by excessive amounts of urea and other waste products in the urine (uremia). Impairment of kidney function occurs due to the development of numerous cysts deep within the kidneys (medulla). In most cases, the first symptoms of this disorder appear during childhood or adolescence (Familial Juvenile Nephronophthisis). People with Medullary Cystic Kidney Disease typically pass large volumes of urine (polyuria) that contain abnormally high levels of salt (sodium-wasting). Other symptoms may include excessive thirst (polydipsia), general weakness, lack of normal color in the face (pallor), and the inability to control bladder function (incontinence), especially during the night. (For more information on this disorder, choose “Medullary Cystic” as your search term in the Rare Disease Database.)

Polycystic Kidney Disease is an inherited disorder characterized by the presence of cysts in both kidneys (bilateral renal disease). Progressive enlargement of these cysts causes the loss

of normal kidney function and an abnormal increase in the vascular blood pressure around the kidneys (renal hypertension). There are infantile and adult forms of Polycystic Kidney Disease. Symptoms may include abdominal enlargement, back pain, weight loss, and/or unusually low levels of fluid in the body (dehydration). Some people with this disorder may also have liver problems and abnormal enlargement of the spleen (splenomegaly). (For more information on this disorder, choose "Polycystic Kidney" as your search term in the Rare Disease Database.)

Beckwith-Wiedemann Syndrome is a rare congenital disorder characterized by an abnormally enlarged tongue (macroglossia), an opening in the abdominal wall through which the organs of the abdomen may protrude (omphalocele), excessive size and height (macrosomia), and unusual ear creases. Although some children with this disorder have few or no symptoms, a variety of symptoms are possible. Other symptoms may include abnormally low blood sugar (hypoglycemia), mental retardation, an abnormal increase in the number of red blood cells (polycythemia), and an unusually small head (microcephaly). Some children with Beckwith-Wiedemann Syndrome may develop Medullary Sponge Kidneys and/or malignant tumors of the kidneys. (For more information on this disorder, choose "Beckwith-Wiedemann" as your search term in the Rare Disease Database.)

Caroli Disease is a rare inherited disorder characterized by abnormal widening (dilatation) of the ducts that carry bile from the liver (intrahepatic bile ducts). According to the medical literature, there are two forms of Caroli Disease. In most cases of the isolated or simple form of Caroli Disease, affected individuals experience recurrent episodes of inflammation of the bile ducts (cholangitis) and unusual accumulation of pus (abscesses) on the liver. A second form of Caroli Disease is associated with abnormal formation of bands of fibrous tissue in the portal area of the liver (congenital hepatic fibrosis). This form of Caroli Disease is also often associated with high blood pressure of the portal vein (portal hypertension), polycystic kidney disease, and, in severe cases, liver failure. Caroli Disease is thought to be inherited as either an autosomal dominant or recessive genetic trait. (For more information on this disorder, choose "Caroli Disease" as your search in the Rare Disease Database.)

Ehlers-Danlos syndrome (EDS) is a group of hereditary connective tissue disorders characterized by defects of the major structural protein in the body (collagen). Collagen, a tough, fibrous protein, plays an essential role in holding together, strengthening, and providing elasticity to bodily cells and tissues. Due to defects of collagen, primary EDS symptoms and findings include abnormally flexible, loose joints (articular hypermobility) that may easily become dislocated; unusually loose, thin, stretchy (elastic) skin; and excessive fragility of the skin, blood vessels, and other bodily tissues and membranes. (For more information on this disorder, choose "Ehlers-Danlos Syndrome" as your search term in the Rare Disease Database.)

Marfan syndrome is an inherited disorder that affects the connective tissue of the heart and

blood vessels (cardiovascular system). The musculoskeletal system (ligaments and muscles) and ocular system (eyes) are also affected. Major symptoms also include unusual height, large hands and feet, and involvement of the lungs. (For more information on this disorder, choose "Marfan Syndrome" as your search term in the Rare Disease Database.)

Standard Therapies

The diagnosis of Medullary Sponge Kidney Disease may be confirmed by a thorough clinical evaluation and specialized X-ray studies (i.e., intravenous urography) that reveal the presence of abnormal widening (dilatation) or stretching of collecting ducts, cyst formations or kidney stones. CT scan (computerized tomography) is another imaging study that is effective in revealing calcifications that may later form kidney stones. In some affected individuals, urinary filtration rates (glomerular) may be measured and found to be reduced.

The kidney stones associated with Medullary Sponge Kidney are composed of calcium oxalate, calcium phosphate, and other calcium salts (urolithiasis). If normal levels of calcium are excreted, affected individuals may be given oral phosphate therapy. Individuals with Medullary Sponge Kidney should take sufficient fluids in order to excrete about 2 liters of urine each day. Those people with Medullary Sponge Kidney who have too much calcium in their urine (hypercalciuria) may benefit from long-term therapy with thiazide diuretics as well as a high fluid intake.

In some people with Medullary Sponge Kidney, a low calcium diet may help t. prevent the formation of kidney stones and thereby reduce the complications of urinary obstruction. Patients should be evaluated at least on a yearly basis, including routine urinalysis and urine cultures. Many patients with Medullary Sponge Kidney have recurrent urinary tract infections and may require antibiotic drugs to help prevent future infections (prophylaxis).

Stones in the collecting system may be treated with electromagnetic shock waves (extracorporeal shock wave lithotripsy [ESWL]). During this procedure, the patient is placed in a large tub of water and shock waves (high energy) are delivered by a special machine (ellipsoid reflector) directly to the area of the kidney stones. The stones are broken into small pieces and excreted with the urine. It has not been determined if ESWL is beneficial in treating stones in the kidney tubules.

Genetic counseling may be of benefit for people with Medullary Sponge Kidney if the disease appears in other family members. In rare cases of kidney failure, renal dialysis may be required. Other treatment is symptomatic and supportive.

Investigational Therapies

Information on current clinical trials is posted on the Internet at www.clinicaltrials.gov. All studies receiving U.S. government funding, and some supported by private industry, are